

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

IN RE: 2265 Enterprise East LLC,	)	Case No. 19-52510
	)	
Debtor.	)	Chapter 11
	)	
	)	Judge Koschik

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**NOTICE OF PROOF OF INSURANCE**

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**PLEASE TAKE NOTICE** that Debtor 2265 Enterprise East LLC hereby submits as Exhibit A hereto the attached Certificate of Property Insurance underwritten by Travelers Property Casualty Co. of America, dated as of 11/07/2019, evidencing the terms of a policy of Property Insurance identifying the Insured as 2265 Enterprise East LLC (DIP) with limits of \$36,867,593 (Blanket Building), \$412,000 (Blanket Personal Property) and \$7,434,800 (BI and Extra Expense). The policy carries a \$25,000 deductible.

**PLEASE TAKE FURTHER NOTICE** that the Policy Effective Date was 4/11/2019, and that the Policy Expiration Date is 4/11/2020, evidencing that the Insurance Policy has been in continuous force since a date prior to the filing of this case on October 20, 2019, and will remain in force through 4/11/2020.

**PLEASE TAKE FURTHER NOTICE** that pursuant to the requirements established by the Office of the U.S. Trustee, John Weaver of the U.S. Department of Justice is identified as a Certificate Holder on the policy, and that the Certificate accordingly provides that the Office of the United States Trustee would receive notice of any cancellation of the policy prior to the expiration date.

**PLEASE TAKE FURTHER NOTICE** that Debtor 2265 Enterprise East LLC

hereby submits as Exhibit B hereto the attached Certificate of Liability Insurance underwritten by Travelers Property Casualty Co. of America and by The Phoenix Insurance Company, also dated as of 11/07/2019, evidencing the terms of a policy of Liability Insurance identifying the Insured as 2265 Enterprise East LLC (DIP) with limits of \$1,000,000 per occurrence and a general aggregate limit of \$2,000,000, and with other limits and terms as set forth on the Certificate.

**PLEASE TAKE FURTHER NOTICE** that the Policy Effective Date was 4/11/2019, and that the Policy Expiration Date is 4/11/2020, evidencing that the Insurance Policy has been in continuous force since a date prior to the filing of this case on October 20, 2019, and will remain in force through 4/11/2020.

**PLEASE TAKE FURTHER NOTICE** that pursuant to the requirements established by the Office of the U.S. Trustee, John Weaver of the U.S. Department of Justice is identified as a Certificate Holder on the policy, and that the Certificate accordingly provides that the Office of the United States Trustee would receive notice of any cancellation of the policy prior to the expiration date.

Respectfully submitted,

/s/ Thomas W. Coffey  
Thomas W. Coffey (0046877)  
Coffey Law LLC  
2430 Tremont Avenue  
Cleveland, OH 44113  
(216) 870-8866  
[tcoffey@tcoffeylaw.com](mailto:tcoffey@tcoffeylaw.com)

### **CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing Notice of Proof of Insurance, together with Exhibits A and B was sent via the Court's electronic case filing system to all counsel and parties in interest herein on this 27<sup>th</sup> day of November, 2019.

/s/Thomas W. Coffey

Thomas W. Coffey (0046877)





# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/07/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Cleveland OH Office 1660 West Second Street Skylight Office Tower Suite 650 Cleveland OH 44113 USA	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C. No. Ext.):</b> (866) 283-7122	<b>FAX (A/C. No.):</b> (800) 363-0105	
	<b>EMAIL ADDRESS:</b>		
	<b>PRODUCER CUSTOMER ID#:</b> 570000056850		
<b>INSURED</b> 2265 Enterprise East, LLC (DIP) 2265 Enterprise PKWY East Twinsburg OH 44087 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Travelers Property Cas Co of America		25674
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
		<b>INSURER F:</b>	

Holder Identifier:

## COVERAGES

CERTIFICATE NUMBER:

570079174115

REVISION NUMBER:

LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	Y6303N439524TIL19	04/11/2019	04/11/2020	BUILDING	
	<input type="checkbox"/> CAUSES OF LOSS				PERSONAL PROPERTY	
	<input type="checkbox"/> BASIC BUILDING				BUSINESS INCOME	
	<input type="checkbox"/> BROAD CONTENTS				EXTRA EXPENSE	
	<input checked="" type="checkbox"/> SPECIAL				RENTAL VALUE	
	<input type="checkbox"/> EARTHQUAKE				<input checked="" type="checkbox"/> BLANKET BUILDING	\$36,867,593
	<input type="checkbox"/> WIND				<input checked="" type="checkbox"/> BLANKET PERS PROP	\$412,000
	<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	
	<input checked="" type="checkbox"/> Bldg Bldg Ded				<input checked="" type="checkbox"/> Bl & Extra Expense	\$7,434,800
	<input checked="" type="checkbox"/> Bldg PP Ded					
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				
	<input type="checkbox"/> CAUSES OF LOSS	POLICY NUMBER				
	<input type="checkbox"/> NAMED PERILS					
	<input type="checkbox"/> CRIME					
	TYPE OF POLICY					
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

570079174115

CERTIFICATE NUMBER:

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Stop Gap coverage is included under General Liability. Certificate Holder includes: John Weaver, US Department of Justice, Office of the US Trustee, Ohio and Michigan, Region 9, H.M. Metzgerbaum US Courthouse, 201 Superior Avenue East Suite, 441, Cleveland, OH 44114.

## CERTIFICATE HOLDER

## CANCELLATION

John Weaver  
US Department of Justice  
201 Superior Avenue East, Suite 441  
Cleveland OH 44114 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Northeast, Inc.*

THE OHIO LEGAL BLANK CO., INC.

EXHIBIT

A





# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
11/07/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Cleveland OH Office 1660 West Second Street Skylight Office Tower Suite 650 Cleveland OH 44113 USA		<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> (866) 283-7122 <b>FAX (A/C, No.):</b> 800-363-0105 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> 2265 Enterprise East, LLC (DIP) 2265 Enterprise PKWY East Twinsburg OH 44087 USA		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Property Cas Co of America <b>INSURER B:</b> The Phoenix Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25674 25623	

**COVERAGES** **CERTIFICATE NUMBER:** 570079174112 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> No Deductible/SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			Y6303N439524TIL19	04/11/2019	04/11/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$2,000,000
B	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA 3N438460 19	04/11/2019	04/11/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp/Coll. Deductible \$1,000
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Stop Gap coverage is included under General Liability. Certificate Holder includes: John Weaver, US Department of Justice, Office of the US Trustee, Ohio and Michigan, Region 9, H.M. Metzenbaum US Courthouse, 201 Superior Avenue East Suite, 441, Cleveland, OH 44114.

## CERTIFICATE HOLDER

## CANCELLATION

John Weaver US Department of Justice 201 Superior Avenue East, Suite 441 Cleveland OH 44114 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> <i>Aon Risk Services Northeast Inc.</i>
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